## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| The address associated with the Customer Number:    2045   | I hereby<br>37 CFR :   |   | evious powers of attorney (             | given in the a                          | oplication identified                   | in the a                                | ttached stater                          | rient under                             |  |
|--|--|---|---|---|---|---|---|---|--|
| Practitioner(s) named below (if more than ten patent practitioniers are to be named, then a customer number must be used).    Name   | ·····  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ······································  | ······································  | ······                                  |   | ······································  | ······                                  |  |
| Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name  | Prectitioners associated with the Customer Number:   |   |   | 22045                                   |   |   |   |   |  |
| Assignee Name and Address:  UUSI, LLC 5000 North US-131 Reed City, MI 49677-0207   |  |   |   |   |   |   |   |   |  |
| as attorney(s) or eigent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:    The address associated with Customer Number:   22045     Cry | Practitionar(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):          |   |   |   |   |   |   |   |  |
| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and still patent applications assigned only to the undersigned eccording to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) to:    V  | -  | Name                                    |   | ** ** ** ** ** ***********************  |   | Name :                                  |   |   |  |
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| The address associated with Customer Number:  OR  Firm or Individual Name Address  City  Country  Telephone  Email  Assignee Name and Address:  UUSI, LLC 5000 North US-131 Read City, MI 49677-0207   | any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents |   |   |   |   |   |   |   |  |
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| OR  Firm or Individual Name Address  City Country Telephone  Email  Assignee Name and Address:  UUSI, LLC 5000 North US-131 Reed City, MI 49677-0207   | таков скотур те сотвертать состоя на оне превосия настичества осто состоя состоя состоя состоя состоя состоя со                    |   |   |   |   |   |   |   |  |
| Firm or Individual Name Address City State Zip Country Telephone Email  Assignee Name and Address:  UUSI, LLC 5000 North US-131 Reed City, MI 49677-0207   | The address associated with Customer Number: 22045   |   |   |   |   |   |   |   |  |
| City State Zip  Country Telephone Email  Assignee Name and Address:  UUSI, LLC 5000 North US-131 Reed City, MI 49677-0207  | OR   |   |   | <u> </u>                                |   |   |   | ,                                       |  |
| Address City Country Telephone Email  Assignee Name and Address:  UUSI, LLC 5000 North US-131 Reed City, MI 49677-0207   |  |   |   |   |   |   |   |   |  |
| Country Telephone Email  Assignee Name and Address:  UUSI, LLC 5000 North US-131 Reed City, MI 49677-0207  | }  |   |   |   |   |   |   |   |  |
| Country Telephone Email  Assignee Name and Address:  UUSI, LLC 5000 North US-131 Reed City, MI 49677-0207  | Сяу  |   |   | State                                   | *************************************** |   | Zip                                     |   |  |
| Telephone Email  Assignee Name and Address:  UUSI, LLC  5000 North US-131  Reed City, MI 49677-0207  |  |   |   |   |   |   |   |   |  |
| Assignee Name and Address:  UUSI, LLC 5000 North US-131 Reed City, MI 49677-0207   |  |   |   |   |   |   |   |   |  |
| UUSI, LLC<br>5000 North US-131<br>Reed City, MI 49677-0207   | : energinon  | 1 (100)                                 |   |   |   |   |   |   |  |
| UUSI, LLC<br>5000 North US-131<br>Reed City, MI 49677-0207   | Assignee Name and Address:   |   |   |   |   |   |   |   |  |
| 5000 North US-131<br>Reed City, MI 49677-0207  |  |   |   |   |   |   |   |   |  |
|  | 5000 North US-131  |   |   |   |   |   |   |   |  |
|  | Reed City, MI 49677-0207   |   |   |   |   |   |   |   |  |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be   |  |   |   |   |   |   |   |   |  |
| filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of  |  |   |   |   |   |   |   |   |  |
| the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.   |  |   |   |   |   |   |   |   |  |
| SIGNATURE of Assignee of Record  |  |   |   |   |   |   |   |   |  |
| The individual whose signature and title is supplied below is authorized to act on behalf of the assigned  |  |   |   |   |   |   |   |   |  |
| Signature 7. Hecker Date 11/16/10  | Signature  |   | W. Weiler                               |   |   | Date                                    | 11/16/10                                |   |  |
| Name Heather Huber Telephone 231,832,5513  | Name   |   | *************************************** | ber                                     |   | ······                                  | ······                                  | 5513                                    |  |
| • • • • • • • • • • • • • • • • • • •  | Title  |   | Vice-Presid                             | ent                                     |   | *************************************** | *******************************         | *************************************** |  |
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This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by this public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commission P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.